

REQUEST FOR ADVANCED SICK LEAVE

Proponent - DRM; Directive - FLW CPR 690-12

Request that I be granted an advance of _____ hours of sick leave covering the period _____ through _____.

Specific information to support this request:

- a. I have a permanent-type appointment with _____ years of civilian service.
- b. As of pay period ending _____ (reference DA Form 4536, Earnings and Leave Statement)

I have _____ hours accumulated sick leave, _____ hours accumulated annual leave, and _____ hours annual leave to use or lose by the end of the leave year.

The serious nature of my illness or disability is supported by the **attached** medical documentation. The medical documentation from my physician includes:

- a. History of my specific medical condition including diagnosis or nature of illness.
- b. Clinical findings from most recent medical evaluation (including lab or other diagnostic procedures, assessment of current clinical status and plans for future treatment.
- c. Expected date of full or partial recovery.

I understand that if this request is disapproved, my absence from duty may be carried as either annual leave or leave without pay.

I expect to return to duty at the expiration of the requested leave and will repay the advance in the following manner:

_____ Future sick leave accrual _____ Lump-sum cash payment

In the event that I resign or am separated from the federal service before I have totally repaid this advance, I understand that I am obligated to contact the Customer Service Representative, Directorate of Resource Management before the effective date of my resignation or separation and make arrangements to complete the repayment. If I fail to do so, I further understand that collection will be made from my final pay or lump-sum annual leave. Should the amount of final pay be insufficient to offset the debt, I hereby agree to make cash settlement or authorize the Finance and Accounting Officer to request a setoff from my Civil Service Retirement System or Federal Employees Retirement System fund.

Name: _____ Organization: _____ Date: _____

SUPERVISORY COORDINATION

Recommend approval/disapproval for the following reason(s): _____

Name and Title: _____ Date: _____

APPROVING OFFICIAL

After consideration of this request and the medical documentation provided, I have determined that this request meets the criteria for approval set forth in Fort Leonard Wood Civilian Personnel Regulation 690-12, Chapter 3, paragraph 3-9b. Therefore, advanced sick leave is approved for _____ hours and will expire when the advanced sick leave is used or when the employee returns to duty, whichever is earlier.

The advanced sick leave will become effective not earlier than the beginning of the biweekly pay period in which the employee made the request or upon expiration of all accumulated sick leave and any annual leave subject to forfeiture, whichever is later.

If this employee resigns or is separated from federal service before the advance is entirely repaid, the employee is responsible for contacting the civilian payroll office and making arrangements to complete repayment.

Signature and Title: _____ Date: _____

If form is not completely filled out, it will be returned without action for applicant to complete.